

## **Addenda**

## **Culpeper County, Virginia**

**INSURANCE CONSULTANT SERVICES**

**Addenda Number: 1**  
**Culpeper County RFP No.: HR-10-0301**  
**DATE: 8/4/2009**

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**The following are changes to the Request for Proposal for the Culpeper County, Virginia Insurance Consultant Services RFP No.: HR-10-0301**

### **Changes to the Request for Proposal**

Add Attachment B (Fee Schedule).

Section I (Introduction), Item A (General Information), Page 2, First paragraph, First sentence, Second word, change “may” to “shall”.

Page 3, Section II (Proposal Requirements). Add Item number seven (7), which shall read as follows:

“Offeror shall provide pricing options as noted on Attachment B (Fee Schedule), and shall detail proposed cost and billing procedures whether hourly, and/or fee based per project, or commission based, in their proposal response”.

Page 10, Section VII (Evaluation Criteria), First paragraph. Add sixth (6<sup>th</sup>) bullet , which shall read as follows:

- “Detailed fee proposal in conformance to this RFP/Cost of Services”

**END OF ADDENDA NO. 1**

**ATTACHMENT B  
FEE SCHEDULE  
RFP # HR-10-0301**

	FY10	Optional Years				
		FY11	FY12	FY13	FY14	FY15
Development of RFP & Selection of Vendor for Health Insurance Program	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
<b>Annual Consulting Services</b>						
	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
<b>Hourly Rates for Additional Services</b>						
Principal	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Manager	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____
Staff	\$_____	\$_____	\$_____	\$_____	\$_____	\$_____

(FY = Fiscal Year July 1 - June 30)

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